PTO/SB/22 (11-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13	6(a) Docket Number (Optional)								
FY 2008	3562-0133P								
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481									
Application Number 10/736,675-Conf. #4112	Filed December 17, 2003								
For INFORMATION STORING APPARATUS									
Art Unit 3609	Examiner Jamie Kucab								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period de	esired and enter the appropriate fee below):								
<u>Fee</u>	Small Entity Fee								
One month (37 CFR 1.17(a)(1)) \$120	\$60 \$								
X Two months (37 CFR 1.17(a)(2)) \$460	\$230 \$ 460.00								
Three months (37 CFR 1.17(a)(3)) \$1050	\$525 \$								
Four months (37 CFR 1.17(a)(4)) \$1640	\$820 \$								
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115 \$								
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in	n this application to a Deposit Account.								
	··								
The Director is hereby authorized to charge any rees write	e enclosed a duplicate copy of this sheet.								
WARNING: Information on this form may become public. Credit	, , ,								
Provide credit card information and authorization on PTO-2038.									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
x attorney of egent of record. Registration Nu	mber 29,680								
appendix of agent under 37 CFR 1.34.									
Registration number if acting under 37 CFR 1	.34								
ZM/X	November 28, 2007								
Signature	Date								
Michael K. Mutter	(703) 205-8000								
Typed or printed name	Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submitted.									

11/29/2007 SZEWDIE1 00000161 022448 10736675 01 FC:1252 460.00 DA

PTO/SB/17 (10-07)

Complete if Known	onder the Paperwork Red	luction Act of 1995.	no person are required to		nt and Trader	oved for use through 0 nark Office; U.S. DEP tion unless it displavs	ARTMENT O	F COMMERCE			
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27	Effective on 12/08/2004.		respond to a collection of information unless it displays a valid OMB control number. Complete if Known								
FOR FY 2008 First Named Inventor Akira YODA Examiner Name Jamie Kucab			Application Nu	Application Number 10/736,675-Conf. #4112							
FOR FY 2008 First Named Inventor Akira YODA Examiner Name Jamie Kucab	FEE TR	ANSMI	TTAL			December 17, 2	7, 2003				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 460.00 Attorney Docket No. 3562-0133P METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) Indicated below X Charge any additional fee(s) or underpayments of tele(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEAMINATION FEES Small Entity Fee (\$) Fee (First Named Inventor		Akira YODA						
METHOD OF PAYMENT (check all that apply) Check	FOF FY 2008		Examiner Name		Jamie Kucab						
METHOD OF PAYMENT (check all that apply)	Applicant claims sm	all entity status. S	ee 37 CFR 1.27	Art Unit		3609					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Number: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAYN	IENT	\$) 460.00	Attorney Docket No. 3562-0133F							
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):										
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X Charge any additional fee(s) or underpayments of X Credit any overpayments	For the above-ide	ntified deposit a	ccount, the Director is	s hereby authoriz	ed to: (che	ck all that apply)					
Tee(s) under 37 CFR 1.16 and 1.17	x Charge fee	s) indicated belo	ow	Charg	ge fee(s) in	dicated below, ex	cept for th	e filing fee			
Application Type											
Pick Paper Pick Paper	FEE CALCULATION					· · · · · · · · · · · · · · · · · · ·					
Samplication Type	1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES				**				
Application Type											
Design 210 105 100 50 130 65	Application Type						Fees P	aid (\$)			
Plant	Utility	310	155 510	255	210	105					
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Design	210	105 100	50	130	65					
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	Signature	10			29,680	Telephone	(703) 205	5-8000			
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